



Strategic Plan 2007-2011  
**Children's Administration**



*Washington State*  
Department of Social  
& Health Services

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Assistant Secretary  
July 1, 2006

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### Purpose of This Document

This strategic plan communicates how we will advance our mission and goals in a changing environment and meet our future challenges, so that we can better serve the vulnerable children and families in Washington State. This document is a road map that guides the business policies and improvement strategies for our organization, employees and partners.

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# Executive Summary

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The newly elected Governor Christine Gregoire appointed Robin Arnold-Williams as the Secretary of DSHS in March 2005. Soon after, they announced a commitment to improve the safety of children by making sure children are seen sooner and visited more often when there is a report of child abuse and neglect. The Secretary called for a “back to basics” approach to providing child welfare services and reinforced her expectation that all DSHS administrations be financially accountable and stay within their appropriated budgets. In May 2005, Cheryl Stephani, a veteran administrator of issues regarding children and teens, took charge as the Assistant Secretary of CA.

The DSHS Children’s Administration (CA) has begun building the right foundation to meet expectations, including the Governor’s child safety priorities, the federal program improvement plan, the Braam foster care lawsuit settlement agreement, and recommendations from child fatality reviews. We have identified four major areas that need improvements in order to build a strong foundation that will achieve and sustain positive outcomes for children and families. The foundation includes:

- Strong child welfare practice that protects children and strengthens families
- Strong array of services to meet clients’ needs
- Strong, well-trained and supported workforce
- Strong business strategies.

The success of this change process lies in its holistic approach, each piece supporting the others, and forming the foundation on which to build sustainable reform.

While we are working on foundational strategies, we also must meet state and federal requirements and priorities identified by policy makers, Tribes and Recognized Indian Organizations, advisory committees, foster parents, children in care, management, and employees. It is very difficult for any agency to successfully complete multiple improvement agendas.

Change must be implemented at a pace that is as fast as possible, yet does not overload the capacity of the system. A range of industry reports identify human issues as one of the largest sources of risk to large-scale program deployment and major change initiatives. An organization’s ability to absorb change is often the largest single factor in determining whether a program is a success. The changes we make will be part of a planned process with a new structure and culture in mind.

Even the words we choose to identify changes and improvements underway impact how our work is perceived. To stress the importance of engaging and working with families and communities, we are building a child welfare system that focuses on **Safe Kids – Healthy Families**.

This plan outlines the steps we are taking for improvements in management and practices for Fiscal Years 2007 through 2011. The plan provides a unifying vision to organize the efforts of over 2,400 employees to better serve children and families. It is considered a living document. It is expected that the goals, objectives, and strategies in the plan will change over time in response to new priorities and feedback from our community partners. The plan will be updated as needed to reflect these changes.



# Chapter 1 • Our Guiding Directions

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## **MISSION**

The mission of the Children's Administration is first to protect abused and neglected children, to support the efforts of families to care for and parent their own children safely, and to provide quality care and permanent families for children in partnership with parents and kin, Tribes, foster parents and communities.

## **VISION**

The Children's Administration seeks to be an organization that provides excellent services, which produce successful safety, well-being, and permanency outcomes for children and families. We strive to be innovative, results-driven, responsive to changing needs, accountable, and guided by a commitment to professionalism and excellence in the field of child welfare. We promote teamwork and embrace our partnership with parents and kin, Tribes, foster parents and communities in the design and delivery of child and family services we would be proud to offer our own families.

## **GUIDING PRINCIPLES**

The Children's Administration's values reflect our agency's mission. Our values demonstrate our commitment to keep children safe while strengthening and preserving families and a commitment to our partners, Tribes, communities, and colleagues. We are individually and collectively responsible for upholding these values.

### ***Diversity***

We value the diversity of our clients, staff, providers, and communities. We demonstrate a commitment to diversity when we consider their viewpoints and contributions, and courageously confront lack of equity in opportunities and outcomes for children, families, and staff.

### ***Respect***

We demonstrate a commitment to a respectful workplace when we communicate with common courtesy and active listening, encourage divergent opinions, and value and accept differences.

### ***Integrity***

We demonstrate a commitment to act with integrity when we follow through with commitments, have the courage to act with honor, are trustworthy, and consistently act in ways that reflect the values, goals and decisions of the agency.

### ***Competence***

We are competent when we use knowledge, skills, understanding, and practical ability to perform effectively in our work. We demonstrate our commitment to competence through continued training, reviewing and reflecting on our work, meeting or exceeding performance standards, achieving outcomes, and fulfilling our legal mandate as a public service agency.

### ***Critical Thinking***

We use critical thinking when we make decisions by actively seeking out facts and information, considering the opinions and observations of others, recognizing our biases and assumptions, and remaining open to new information even after decisions are made.

### ***Teamwork***

We demonstrate teamwork through a collaborative approach to achieve common work goals and outcomes. As team members, we respectfully acknowledge the beliefs and experiences of our colleagues, we value the differences and are considerate when we express opinions and challenge issues.

### ***Accountability***

We demonstrate accountability when we do all we can to get the job done right while being consistent with our mission and applicable laws and policies. We are accountable when we self-monitor, take responsibility by being vigilant and following through, admit our own mistakes and address those of others constructively.

### ***Learning Community***

We demonstrate that we are a learning community when we seek diversity of thought and approach, make time for reflective thinking, promote and participate in educational opportunities and share what we learn. We demonstrate that we are a learning community when we use data and research to continuously improve, are open to different solutions, and learn from experiences.

## **STATUTORY AUTHORITY**

### **RCW 13.32 – Family Reconciliation Services**

Authorizes voluntary services and assistance for parents and children who are in conflict. These conflicts are manifested by children who exhibit various behaviors including: running away, substance abuse, serious acting out problems, mental health needs, and other behaviors that endanger themselves or others.

### **RCW 13.34 – Juvenile Dependency and Termination of a Parent and Child Relationship**

Mandates the coordination of services to parents and children in child dependency cases. The family unit should remain intact unless a child's right to conditions of basic nurture, health, or safety is jeopardized.

### **RCW 26.33 – Adoption Services**

Authorizes adoption to provide stable homes for children. Adoptions should be handled efficiently, but the rights of all parties must be protected. The guiding principle must be determining what is in the best interest of the child.

### **RCW 26.44 – Child Protective Services**

Authorizes protection of children from abuse and neglect while preserving family integrity to the maximum extent possible.

### **RCW 26.50.150 – Domestic Violence Perpetrator Programs**

Authorizes certification of programs providing treatment of perpetrators of domestic violence.

### **RCW 70.123 – Shelters for Victims of Domestic Violence**

Authorizes minimum standards and contracts for the provision of safe emergency shelter and/or safe homes for victims of domestic violence and their children.



**RCW 74.13 – Child Welfare Services**

Authorizes a comprehensive and coordinated program of public child welfare services for children who require guidance, care control, protection, treatment or rehabilitation to safeguard, protect and contribute to the welfare of children.

**RCW 74.13.100-159 – Adoption Support**

Authorizes a program to encourage the adoption of hard-to-place children. Directs the department to reduce the number of such children who must be placed or remain in foster homes or institutions until they become adults and to reduce the total cost to the state of foster home and institutional care. Authorizes the department to join interstate agreements to provide services for children and families on the Adoption Support Program.

**RCW 74.14A – Children and Family Services**

Mandates that state efforts shall address the needs of children and their families, including services for emotionally disturbed and mentally ill children, potentially dependent children and families in conflict. Requires state efforts to be sensitive to family and community culture, norms, values and expectations, ensuring that all services are provided in a culturally appropriate and relevant manner.

**RCW 74.14B – Children’s Services**

Authorizes children’s service worker and foster parent training, services for child victims of sexual assault, use of multi-disciplinary teams and therapeutic child day care and treatment services.

**RCW 74.14C – Preservation Services**

Authorizes the provision of family preservation services and intensive family preservation services to prevent child dependency, the unnecessary placement of children in out-of-home care and to facilitate the reunification of children with their families.

**RCW 74.15 – Foster Care Licensing**

Directs the department to safeguard the health, safety and well-being of children and developmentally disabled persons receiving care away from their own home, strengthen and encourage family unity and sustain parental rights and responsibilities by providing foster care. Authorizes the department to license homes, facilities and agencies and to assure that adequate standards are maintained.



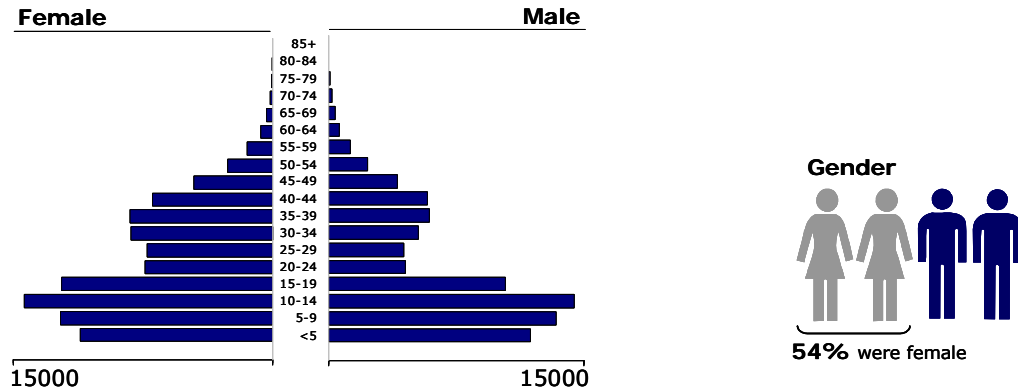
## Chapter 2 • The People We Serve

### DEMOGRAPHICS

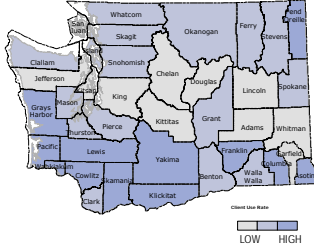
#### CA | Age and Gender Distribution

Source: DSHS, RDA, CSDB, May 2006.

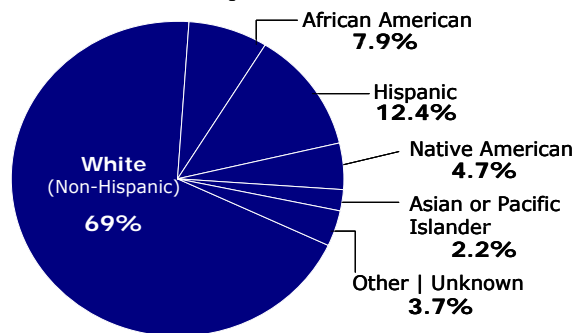
CA served almost 200,000 Total Clients in Fiscal Year 2004



**Children's Client Services by County**  
July 2003 - June 2004



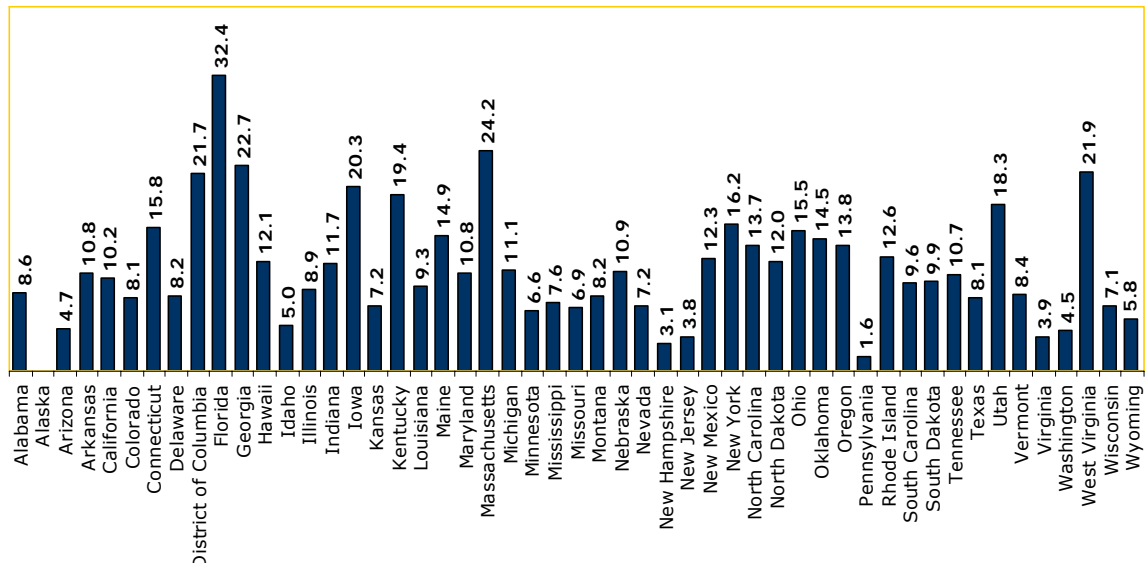
#### Race | Ethnicity



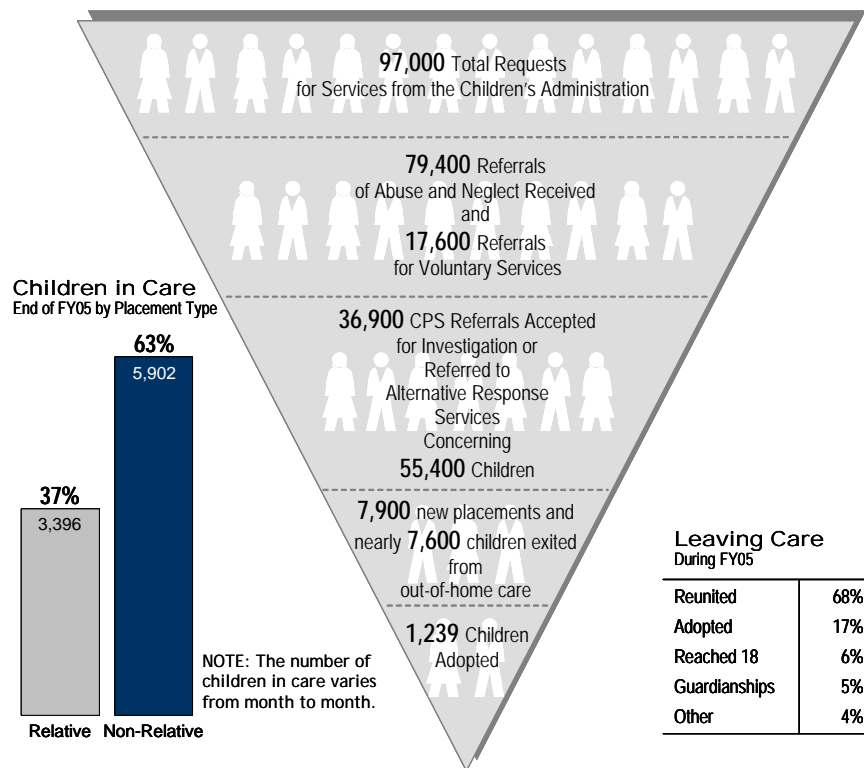
Persons of Hispanic Origin are counted only under the "Hispanic" category. Because the CSDB receives client race information from multiple sources, several race designations may be recorded for a single client. For clients having more than one race reported to CSDB, the most frequently occurring non-white race is assigned.

#### Child Victims of Maltreatment 2004 – Rate / 1,000 Children

Source: DHHS ACF Children's Bureau, Child Maltreatment Annual Reports



## Fiscal Year 2005 in Review



## Out-of-home care options by type of placement During Fiscal Year 2005

Placement Type	Description	Number of Homes/Facilities Serving Children	Monthly Average Number of Children Served <sup>1)</sup>
Family Foster Care	Family homes - all levels of care	5,288 <sup>2)</sup>	7,224
Receiving Care	Short notice temporary care	1,303	417
Level 1 - Basic Care	For children with few needs	4,586	2,956
Level 2	For children who need higher levels of care, determined through a foster care rate assessment tool	1,815	1,457
Level 3		1,448	1,257
Level 4		870	791
Treatment Foster Care	Specially trained foster parents caring for children with high needs	789	499
Relative Care	Unpaid care for children placed with relatives	5,126	4,385
Staffed Residential Facilities	Home with rotating staff providing services to youth with high needs	64	109
Group Care	Facility-based care serving youth with high needs	48	304
Crisis Residential Centers	Temporary shelter for youth focused on family reunification	15 <sup>3)</sup>	297 <sup>4)</sup>

1) Includes guardianship, Tribal custody, and licensed relative care.

2) 5,966 total licensed homes. Homes provide more than one level of care.

3) Licensed as of June 2005; includes regional and secure CRCs.

4) Source: EMIS, reported by contractors.

## DESCRIPTION OF SERVICES

**DSHS Children's Administration (CA)** provides services to vulnerable children up to 18 years old and their families.

- **Field Operations Division:** Provides direct client child welfare and licensing services through forty-four local offices located in six geographic regions throughout the state; program implementation and risk management.
- **Program and Practice Improvement Division:** Develops and communicates program priorities and policies to guide operations and service delivery activities; quality assurance, employee training and training for foster and kinship care providers and adoptive parents.
- **Finance and Operations Support:** Provides fiscal management, data analysis, workforce operations, and contracting services.
- **Information Technology Services:** Provides IT support and training; develops and maintains information systems.

**Children and Family Services (CFS)** is CA's largest provider of direct client services. Children and families enter CFS through three primary program areas, Child Protective Services, Child Welfare Services, and Family Reconciliation Services. These programs are responsible for the investigation of child abuse and neglect complaints, child protection, family preservation, family reconciliation, foster care, group care, in-home services, independent living, and adoption services for children age 0 to 18 years.

**Licensed Resources (LR)** investigates allegations of child abuse and neglect in DSHS licensed, certified and state-operated care facilities for children (including the biological and adopted children of licensees). LR is responsible for licensing foster homes and other out-of-home care facilities for children, as well as child placing agencies in Washington State. LR also monitors the quality of care offered by these providers.

### Programs Offered by Children and Family Services



#### **CHILD PROTECTIVE SERVICES (CPS)**

Child Protective Services provides 24 hour, seven day a week intake, screening and investigative services for reports of alleged child abuse and neglect. CPS social workers investigate appropriate referrals to assess the safety and protection needs of children and, when necessary, intervene by providing services designed to increase safety and protect children from further harm. Law enforcement, courts, Tribes, and

community teams are also critical members of the child protection system. Each has a distinct role and is integral to the checks and balances designed to protect children from abuse and neglect and to safeguard families from unnecessary disruption.

When it appears that a child is in danger of being harmed or has already been seriously abused or neglected, CPS, with a police officer or court order putting the child in protective custody, places the child with a relative or in foster care. By law, a child can be kept in protective custody for no more than 72 hours, excluding weekends and legal holidays. If the child is not returned to the parents or some other voluntary arrangement made within 72 hours, the matter must be reviewed by a court. If risk warrants ongoing placement, dependencies must be established in court within 75 days.

## **CHILD WELFARE SERVICES (CWS)**

Child Welfare Services provides both permanency planning and intensive treatment services to children and families who need help with chronic or serious problems which interfere with their ability to protect or parent children, such as on-going abuse and neglect or intensive medical needs. Child Welfare Services are provided to children and families when long-term services are needed beyond those available through Child Protective Services (CPS) or Family Reconciliation Services (FRS). Most children served in this program are dependents of the state, in out-of-home care, or legally free for adoption.

## **FAMILY RECONCILIATION SERVICES (FRS)**

Family Reconciliation Services are voluntary in-home services focused on developing skills and supports within families to resolve problems related to at-risk youth in need of services or in family conflict. These services are devoted to maintaining the family as a unit and preventing the out-of-home placement of adolescents. Families requesting FRS are offered crisis stabilization services by FRS staff. This service is referred to as Phase I. Families who need further intervention are referred to Phase II, which is contracted crisis counseling available to families seven days a week, twenty-four hours a day, lasting up to 12 hours within a six-week period.



### **Programs Offered by Licensed Resources**

Licensed Resources provides Child Protective Service investigations regarding allegations of abuse and neglect to children in licensed, certified and state-operated facilities. This program has five main goals: 1) ensure the immediate safety of alleged child victims; 2) investigate allegations of child abuse and neglect and make determinations regarding the existence of child abuse and neglect; 3) assess whether the child in question has been

abused or neglected in a state-regulated setting in ways that have not been alleged; 4) identify risk factors within the facility which create a substantial risk of harm to children; and 5) ensure consistency and equity toward providers in the investigation of abuse and neglect.

Licensed Resources licenses, supports, and monitors foster homes and out of home care facilities for children. These facilities include: family foster homes, group care facilities, and child placing agencies, as well as other facilities that provide safe, healthy and nurturing environments for children. Licensed Resources provides training to children's care providers regarding Washington Administrative Code (WAC) regulations. Licensing staff are charged with ensuring the health, safety and quality of care for children in high quality foster family homes, group care facilities, and child placing agencies.

## **OUT-OF-HOME CARE SERVICES**

### **Adoption Program**

CA's adoption program focuses exclusively on placing special needs children in foster care into adoptive homes. These children may be difficult to place for adoption because of emotional and behavioral problems, developmental delays, or because they are part of a sibling group or are over the age of five years. Adoption Services recruits and screens families interested in adopting children who are in the care and custody of the

department. CA places waiting children in homes with approved adoptive families and provides adoption planning, preparation, and pre- and post-placement services to the adoptive child and family. CA implements the adoption policy of the Indian Child Welfare (ICW) Act of 1978.

### **Adoption Support Program**

Funding resources are available through the Adoption Support Program to assist families adopting children with special needs. Adoption Support is designed to help families offset the additional expenses involved in caring for a child with special needs. Pre-authorized counseling, medical and dental services, non-recurring adoption costs, and a negotiated monthly cash payment are some of the services that may be subsidized through Adoption Support.

### **Adoption Medical**

Adoption Medical provides medical services to eligible adopted children through the state Medicaid program.

### **Behavior Rehabilitation Services (BRS)**

CA contracts with community agencies for behavior rehabilitation services for children and youth with serious emotional, behavioral or medical difficulties who cannot be adequately served in family foster homes. BRS provides a high level of care and treatment for children and youth with the most severe and intensive needs. BRS is time limited with a focus on a return to a less restrictive environment. Services are offered in an array of settings including the child's home, a treatment foster home or a group residential setting.

### **Crisis Residential Centers (CRC)**

Crisis Residential Centers provide temporary shelter for youth ages 12 through 17 who run away from home, are in severe conflict with their parents, or foster youth in need of a crisis placement. CRCs are available twenty-four hours a day, seven days a week. Placement is limited to a maximum of five days, and services are focused on assessment of needs and family reunification.

### **Secure Crisis Residential Centers (S-CRC)**

Secure crisis residential centers provide twenty-four hour availability for short-term placements of up to five-days for runaways placed by law enforcement. These facilities were mandated by the "Becca Bill" legislation passed in 1995. The S-CRCs have locked doors and windows and fenced grounds, but otherwise operate as other CRCs, with an emphasis on assessment of needs and family reunification.

### **Education and Training Voucher Program**

The federal CHAFEE Independence Act was amended in 2001 and authorizes funding to the states to provide financial assistance to youth who have aged out of foster care and are attending post secondary institutions. Youth who are eligible for this program may receive assistance with their cost of attendance up to \$5,000 per year. Youth who are enrolled in this program before age 21 years may continue to receive this service until age 23 provided they are making satisfactory progress towards the completion of their program.

### **Family Foster Home Care Services**

Foster homes provide twenty-four hour care for children of all ages who need temporary or extended out-of-home placement due to child abuse, neglect or family conflict. Foster care is provided by licensed foster parents or unlicensed relative caretakers and is

viewed as a short-term solution to an emergent situation. The goal of foster care services is to return each child home safely or to find another appropriate permanent home as quickly as possible. Foster care services are also available with licensed foster parents through contracted community child placing agencies.

### **HOPE Centers/Responsible Living Skills Program (RLSP)**

The Washington State Homeless, Youth Prevention/Protection and Engagement Act (HOPE) passed by the legislature in 1999 created HOPE Centers and Responsible Skills Living Programs. HOPE Centers are temporary residential placements for street youth. Youth can remain in a HOPE Center for up to 30 days while they receive assessment services and a permanent placement is identified. HOPE Centers are intended to stabilize an adolescent, perform comprehensive assessments of the youth's physical and mental health, identify substance abuse problems and educational status, and develop a long-term permanent plan. The RLSP may serve as a permanent placement for dependent youth between the ages of 16 and 18 years who will exit from foster care into independent living at age 18. RLSP and ILS (see below) are programmatically integrated.

### **Independent Living Services (ILS)**

The federal CHAFEE Foster Care Independence Act (1999) requires states to identify youth who are likely to remain in foster care until age 18 and to provide those youth with a variety of Independent Living Services. Services include education, training, and support in the areas of educational stability and achievement, vocational training, career exploration, mentoring, employment placement and retention, daily living skills and avoidance of high risk behavior. Washington State administers these services to youth in state care through community-based and Tribal contractors. Independent Living Services are funded primarily through federal grant monies.

### **Transitional Living Program**

The federal CHAFEE Independence Act was amended in 2001 and directs states to deliver transitional living services to former foster care recipients between the ages of 18 and 20. Transitional living support services include assistance in accessing safe and stable housing, employment training, placement and retention services, and support toward the attainment of either a high school diploma or General Education Development (GED) certificate.

### **Street Youth Services**

Street Youth Services consist of community-based outreach and case management targeting youth engaged in life styles characterized as homeless. These youth, referred to as street youth, are living away from their homes and may be chemically dependent, actively involved in prostitution, or delinquent behaviors. Services are aimed at engaging and assisting youth in ending this life style.

### **Social Security Program for Children in Foster Care**

CA has a specialized program that identifies children in foster care with disabilities and applies for Supplemental Security Income (SSI) on their behalf. These applications and appeals result in monthly SSI benefits that can be used for reimbursement of the child's foster and group care expenses. Excess funds are placed into trust fund accounts for the child's personal benefit. These benefits follow children when they leave care and are frequently part of the reunification plan. At any given time, there are about 1,100 children in foster care who qualify for SSI benefits and about 400 children who qualify for Social Security benefits based on the death or disability of a parent.



## **OTHER FOSTER CARE SERVICES**

### **Interim and Receiving Care Services**

Emergency placement resources in Crisis Residential Centers or Assessment Centers are available for children and youth pending family reunification or longer-term family or group care. Family Receiving Homes provide emergency placement services for children and youth removed from their homes because of abuse, neglect or family conflict.

### **Employed Caregiver Child Care**

The Employed Caregiver Child Care Program pays for child care to support a foster parent's or relative caretaker's ability to maintain employment. Child Care may be authorized for a child placed by CA or a CA certified agency without regard to the foster parent's or relative's income.

### **Foster Care Assessment Program (FCAP)**

The Foster Care Assessment Program is a statewide contracted program to assess children who have been in out-of-home placement for more than 90 days and are in need of intensive planning to help ensure permanency. The program targets children who have complex problems which may pose barriers to the achievement of stable permanent placements.

### **Passport Program**

The Foster Care Passport Program is an automated health and education record keeping and tracking system for children in out-of-home care for more than 90 days. CA and local public health districts collaborate to administer the program. Public health nurses located in Children's Administration offices input information about the child's medical history and treatment, while social workers input social, behavioral and educational data. This information is given to foster parents at the time of placement and it is updated every six months or whenever a child moves.

### **Pediatric Interim Care (PIC)**

There are currently three Pediatric Interim Care programs available in Washington State. One is a facility-based program that provides care and medical support to drug-affected infants for up to 45 days. Another provides care and intensive services to drug-affected infants and children ages birth to three years through trained foster homes. The third program provides support services, but no placements, for drug affected children ages birth to three directly to the child through the foster parents, relative caregivers, and/or the birth parents to promote the child's well being and to provide training to the families on the particular needs of drug affected children.

### **Transportation and Supervised Visitation**

Parent-Child Visitation contracts provide transportation and supervision for visits between children in out-of-home care and their families, essential services that support family reunification.

## **IN-HOME SERVICES**

### **Alternative Response System (ARS)**

Alternate Response System services are provided statewide through regional contractors to help reduce the risk of child abuse and neglect and re-referrals to CPS. ARS serves families whose CPS referrals are determined to be low risk or moderately low risk at intake or following investigation. Priority is given to families who have one or more of

the risk factors which research has shown to best predict the likelihood of re-referral. Contracts are outcome oriented rather than fee for service, and operate under one of two ARS models: Public Health Nurse (PHN) model or Social Service. The Public Health model focuses on health issues particularly with children under the age of six. The Social Service model has a broad focus, ranging from parenting classes to making referrals for housing and employment resources.

### **Home Support Specialists (HSS)**

Paraprofessional CFS employees are assigned to work directly in the home with high risk families teaching parenting skills. This includes basic physical and emotional care of children, personal hygiene, nutrition, homemaking, and life skills. Home Support Specialists also connect families with community resources and facilitate supervised visitation. Families receiving either CPS or CWS can be served by these paraprofessionals.

### **Public Health Nurses Early Intervention Program**

Trained public health nurses are available to provide voluntary in-home nursing services, which can prevent the need for more intrusive CFS interventions for at-risk families with young children.

## **FAMILY SUPPORT SERVICES**

### **CPS/CWS Child Care**

Subsidized childcare can be provided for at-risk families as part of a CFS case plan for families receiving CPS or CWS services. This childcare can be provided without requiring families to participate financially.

### **Family Preservation Services (FPS)**

Family Preservation Services are available primarily to families whose children face “substantial likelihood” of being placed outside of the home or to assist with reunifying a child with their family (from out-of-home care). Interventions focus on resolving the immediate crisis and strengthening a family’s relationships through a variety of community resources. FPS are available to families within 48 hours of referral and are offered for a maximum of six months by a contracted service provider.

### **Intensive Family Preservation Services (IFPS)**

Intensive Family Preservation Services are available to families whose children are at “imminent risk” of foster care placement or to reunify a child with their family from out-of-home care. Contracted community agencies provide intensive in-home therapeutic services (6 to 10 hours of therapy per week) for up to 40 days, or paraprofessional services for up to 90 days. Services are available seven days a week, twenty-four hours a day. IFPS focus on improving the family’s ability to overcome a crisis situation and to remain together safely.

### **Home Based Services (HBS)**

CFS social service staff can purchase supplemental services for families who are at risk of child placement or support for families with children returning to their families following placement in foster care. Home Based Services are individualized to meet each family’s need within available resources. Services may include parent aides and counseling, as well as supports for basic needs such as clothing, shelter, employment or transportation.



## **Other Programs Administered by the Children's Administration**

### **Domestic Violence Services**

The Domestic Violence Program provides support for community-based shelters, emergency counseling and legal advocacy for children and families who have experienced domestic violence. A statewide toll-free hotline is available to link victims with services in their communities. CA also sets minimum standards for domestic violence perpetrator programs and certifies perpetrator treatment programs. Victims of domestic violence can receive emergency shelter, crisis counseling, court accompaniment and advocacy, and other support services from agencies that hold DSHS contracts. Funding is provided from state general funds, the federal Victims of Crime Act victim assistance grant, and the federal Family Violence Prevention and Services Act grant.

### **Sexually Aggressive Youth (SAY)**

Special programs are offered for sexually aggressive youth. Comprehensive intervention and treatment services are available for children who meet the definition of Sexually Aggressive Youth as defined in RCW 74.13.075. These services include one-time expenses for testing, monitoring equipment, or emergency interventions as well as ongoing evaluations, treatment and supervision.

### **Indian Child Welfare Services (ICW)**

Services are provided to Indian children, consistent with the federal Indian Child Welfare Act (ICWA) and the Tribal-Washington State ICW Agreement of 1987, in the areas of child protective services, foster care, dependency guardianship, termination of parental rights, and adoption proceedings. In addition to direct services provided by the administration, additional services are funded through contracts with federally and state-recognized Indian Tribes and other Indian organizations in the state enabling providers to serve their own Tribal members and off-reservation Indians. The administration monitors and provides technical assistance to its own staff and contracted Tribes and agencies on compliance with federal and state requirements related to the care of Indian children.

### **Interstate Compact Placement of Children (ICPC)**

This is a statutorily established (RCW 26.34) reciprocal placement and service agreement between Washington State and other states that governs the out-of-state placement of dependent children.

### **Medicaid Treatment Child Care (MTCC)**

This program provides medically necessary psycho-social services to young children at risk of child abuse and neglect. Each child is assessed and an individualized treatment plan is developed to address the needs identified in the assessment.

### **Child Health & Education Tracking (CHET)**

Child Health & Education Tracking is a legislatively mandated screening program designed to assess children who are placed in out-of-home care. Implementation of the CHET program provides "front end" planning for children who will remain in care for longer than 30 days. Washington State requires that CHET be conducted for children within their first 30 days of placement. CHET assesses the condition and level of functioning in five life domains: physical/medical, developmental, educational, family/social and emotional/behavioral. Standardized tools are used in assessing the developmental and emotional/behavioral life domains.



## Chapter 3 • Appraisal of External Environment

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Children's Administration employees work in an environment of pressure to protect children and enhance their quality of life while under intense public and legislative scrutiny. The demand for services from CA is greatly influenced by demographic, social, and economic factors.

### **POTENTIAL CHANGES IN ECONOMY THAT CAN AFFECT CLIENTS' NEEDS**

Parental unemployment has been linked to increases in child abuse and neglect and decreases in parental nurturing and involvement with their children.

The Economic and Revenue Forecast Council reported in February 2006 that Washington's employment growth rate jumped to 4.3 percent in the fourth quarter of 2005, from 2.2 in the third quarter. Another fairly strong year is expected in 2006 with employment growth slowing only slightly to 2.8 percent. Weaker growth is expected during the next three years, 2.2 percent, 1.8 percent, and 1.5 percent in 2007, 2008, and 2009.

The forecast expects strong income growth during the next four years and overall inflation should remain moderate.

### **TRENDS IN DEMOGRAPHIC AND CUSTOMER CHARACTERISTICS**

Washington's population more than doubled between 1960 and 2005. Reflecting the improving economy, the population grew by an estimated 88,600 people, or a healthy 1.4 percent, in the fiscal year ending June 2005. This growth is due largely to more people moving in from other states and abroad.

Since young adults and young families are the most mobile segments of the population, changes in the level of net migration to Washington may have a considerable effect on state service demands. Increased migration levels now show 1,145,500 school-aged youngsters by 2010 – 23,300 higher than in the prior forecast.

The number of children in licensed foster homes is dropping slightly. Part of this decline is due to an increasing number of placements with relatives who choose not to be licensed. An emphasis over the next few years on providing services shortly after receiving a referral for child abuse or neglect also may impact these numbers.

Many children who enter out-of-home care have complex emotional issues that need lengthy treatment and counseling. In addition, accessing mental health services can be frustrated by systemic barriers. The mental health field is structured to provide short-term services that do not meet the long-term mental health needs of children in out-of-home care. Related to this, the emotional issues common to children in foster care often do not meet the medical necessity standard that creates the threshold for mental health services. Lack of a clinical diagnosis may prevent a vulnerable child in need of emotional support and intervention from receiving services through Regional Support Networks (RSN)-funded programs.

The impact of adult substance abuse on the incidence of child abuse and neglect continues to be considerable, as evidenced in both the research and data available to analyze outcomes and service provision.

## **ACTIVITIES THAT LINK TO MAJOR PARTNERS**

### **Families and Communities Together (FACT) projects seek to develop community partnerships**

• Families and Communities Together (FACT) is a major DSHS integration initiative being piloted with projects in Spokane County and Whatcom County. The projects began in March 2004 and are focused on developing a comprehensive community network and seamless system of supports and resources for needy families and children. Children's Administration leads the Spokane FACT pilot.

### **DSHS initiates an effort to deliver mental health services to children more effectively**

• Three administrations of DSHS (Children's, Health and Rehabilitation Services/Mental Health Division, and Juvenile Rehabilitation) are working on a different approach to the delivery of mental health services to children and their families. The Children's Mental Health Initiative is being implemented using four strategies that support families, children and youth to build strong and productive relationships:

- Introduce and expand use of Evidence Based Practices
- Coordinated care for children and youth with complex needs
- Jointly manage and finance care for kids with complex needs
- Connect with families and stakeholders through ongoing planning.

**King County Systems Integration Initiative** • A collaboration of state and local agencies and organizations in King County (Seattle), Washington, have come together to examine and improve the coordination and integration of the juvenile justice, child welfare, and other relevant youth-serving systems.

**Safe Babies, Safe Moms: State-level consortium protects moms and infants** • A consortium of DSHS programs - the Division of Alcohol and Substance Abuse, Children's Administration, Economic Services Administration, Medical Assistance, Research and Data Analysis - work with the state Department of Health and local service agencies to provide services to substance-abusing pregnant and parenting women and children ages birth-to-three.

**Washington State's Catalyst for Kids Partnership brings together a broad statewide coalition to strengthen the child welfare system** • This next evolution of the *Families for Kids Partnership* retains an emphasis on permanence for children in the foster care system and broadens its focus to include the safety and well-being of children in the system. Participants include a broad range of stakeholders, including judges, legislators, Tribal representatives and advocates.

**Fatherhood Project and Kinship Care Initiatives engaging fathers and extended family members** • Regions tailor approaches for engaging fathers to their local communities and have formed a variety of alliances and collaborations.

## **Current Committees**

- Birth to Six Interagency Coordinating Council
- Child Fatality Committee
- Children, Youth, and Family Services Advisory Committee
- Children's Justice Advisory Board
- Family Policy Council Interagency Coordinating Committee
- Governor's Juvenile Justice Advisory Committee
- Indian Policy Advisory Committee
- Regional Advisory Committees

### **Interagency Relationships**

- Eastern Washington University
- Federal Department of Health and Human Services (includes Social Security Administration)
- Governor's Office on Indian Affairs
- Office of the Administrator for Courts
- Office of the Attorney General of Washington
- Office of the State Superintendent of Public Instruction
- University of Washington
- Washington Council for the Prevention of Child Abuse and Neglect
- Washington State Court Appointed Special Advocate Program
- Washington State Department of Community, Trade, and Economic Development
- Washington State Employment Security Department
- Washington State Department of Health
- Washington State Department of Information Services
- Washington State Patrol
- Washington State Tribes and Tribal Organization Local Agreements – Child Welfare Services

### **Constituencies**

- All Washington State Tribes (29) and Recognized Indian Organizations (6)
- All contractors and agencies providing services to Children's Administration clients
- All licensed foster parents and out-of-home care providers
- American Indian Center, Spokane, WA
- Catalyst for Kids
- Child Welfare Advocacy Coalition
- Children's Alliance
- Early Childhood Development Association of Washington
- Fetal Alcohol Syndrome Information Service (FASIS)
- First Steps Community Coordinating Councils
- Foster Parents Association of Washington State (FPAWS)
- Juvenile Court Administrators Association
- Major Medical Centers
- Parent Trust for Washington Children
- Private Agency Adoption Coalition
- Puget Sound Coalition of Residential Care Providers
- Seattle Indian Health Board
- Washington Coalition of Sexual Assault Programs
- Washington Council for Prevention of Child Abuse and Neglect
- Washington Council on Crime and Delinquency
- Washington State Coalition Against Domestic Violence
- Washington State Coalition of Children's Residential Services

## STAKEHOLDER INPUT

### **Borrowing the Expertise of the Boeing Company**

We have begun an ongoing effort with the Boeing Lean Team to examine and improve our structure, management, and organizational culture. The Lean Team is a group of professional change managers employed by the Boeing Company whose time and resources are donated. Boeing made this pro-bono voluntary commitment to us because of our determination that long-term systemic change is needed and their assessment that we are ready to move forward. The Lean Team designs exercises to improve how we work together, communicate, and make decisions. They are providing tools and business-community best practices to help us create new practice and business models.

### **Meeting the Needs of Children and Youth**

A Foster Youth Advisory Board, 20 youth and young adults who received CA services, give us valuable input to improve our ability to effectively meet the needs of children and adolescents. They are supported by an oversight committee, representatives of CA, Casey Family Programs, and the Washington Education Foundation. The youth sit on various committees within CA and other governmental agencies to give input on new practices and policies. They are trained in leadership, self-advocacy, advisory board processes and functions, and the roles and responsibilities of members. They use their skills to start support groups for children in foster care in their regions.

### **Values and Foundational Priorities**

Throughout the organization, from August 2005 through January 2006, CA engaged every level of the agency, the **Children, Youth, and Family Services Advisory Committee**, and others in defining a meaningful list of organizational values with ideas on how we will operationalize them.

Structured discussion sessions were held also to solicit input about what we need to do to create a strong organization and lay the foundation to sustain reform. Members of the CA leadership team from the field and headquarters took the insight gained from these discussions and refined the list of values and the foundational priorities. Several of these meetings were led by the Boeing Lean Team.

In February 2006, the Boeing Lean Team facilitated a legislative work session with the **House Children and Family Services Committee** to solicit policy guidance around the foundational priorities, the new practice model, and the child protective services and child welfare services redesign. House members discussed the need to integrate policy with a clinical aspect of practice that empowers social workers and generates culture change. They agreed there is a need for change in the staff skill set, the organizational framework, and the services offered to children and families.

CA works closely with the **Indian Policy Advisory Committee (IPAC)** children's sub-committee about ongoing issues and policies that affect Indian Child Welfare. IPAC members are delegates appointed by the 29 federally recognized Tribes, non-federally recognized Tribes, and Recognized Indian Organizations. IPAC meets quarterly and appoints representatives to CA workgroups, advisory committees, and ad hoc committees to give Tribal input.



## **FUTURE CHALLENGES AND OPPORTUNITIES**

CA is addressing a number of important, but competing, efforts. The single biggest challenge facing CA is managing expectations while continuing to build the basic foundation upon which to build system improvements.

### **Meeting the Federal Program Improvement Plan**

The Department of Health and Human Services, Administration for Children and Families, is responsible for conducting Child and Family Services Reviews (CFSR) and for monitoring implementation of program improvement plans. The purpose of the CFSR is to improve the outcomes for children and families receiving child welfare services.

States are reviewed against federal performance measures and standards. States who are not meeting these measures are required to develop and implement an agreed-upon two year program improvement plan (PIP).

The Washington State CFSR report was completed in February 2004 and a program improvement plan was implemented in October 2004. The PIP includes 23 federal performance targets and a large number of action steps designed to help meet these targets.

Meeting these performance measures and completing the various action steps is a major challenge for CA. It requires sustained effort, changes in policy and practice, and allocating resources to complete the PIP.

### **Responding to Braam Oversight Panel Recommendations**

As part of an August 2004 settlement agreement in a class-action lawsuit filed on behalf of children in the state's foster care system, an oversight panel of five child welfare experts and advocates was selected to monitor compliance and the program improvement goals agreed to in the settlement.

The panel has the general responsibility to work collaboratively with the department to develop outcomes, benchmarks, and action steps and to establish professional standards regarding each of the six areas identified in the settlement agreement.

The settlement agreement is a mixture of specific action steps, time tables, and benchmarks with broad improvement goals. The Braam Oversight Panel released an implementation plan in February 2006. The plan includes 53 benchmarks for measures, 87 action steps, and (approximately) 437 sub-steps.

CA is making significant progress on the action steps and is engaged in reforming the system to improve outcomes, not only for children in foster care, but for all children and families served by the child welfare system.

Expectations about the pace, scope, and progress over time, along with the magnitude of moving all of the 53 measures nearly simultaneously, will challenge the organizational capacity to deliver and sustain improvements.

The implementation plan requires DSHS to collect and report regional and statewide data performance on applicable benchmarks and action steps. The magnitude of performance reporting required by the implementation plan may necessitate creating separate monitoring functions to conduct case reviews, surveys, and to present specific training.

Replacing the antiquated and cumbersome case and management information system currently used by CA is particularly important. Without a new state-of-the-art system, it will be extremely difficult, if not impossible, to measure results and show the panel our efforts to comply with its implementation plan.

### Developing a New Practice Model

Expectations for child welfare practice are not well-defined for social workers. Instead, we have multiple and complex policy and procedures notebooks which are difficult to follow and do not describe a systematic approach to consistent practice. The interpretation and application of statewide policies vary between offices and regions, which creates inconsistencies in practice.

Efforts to develop a consistent and effective practice model are challenged by a historical culture that supports local decision-making and control. The current model relies on individual decision-making and judgment. Some variations in the model are based on other influences, such as access to resources, urban versus rural issues, demographic differences, workload pressures, and individual bias, values and beliefs about how child welfare should be practiced.

### Modernizing the Child Welfare Information System

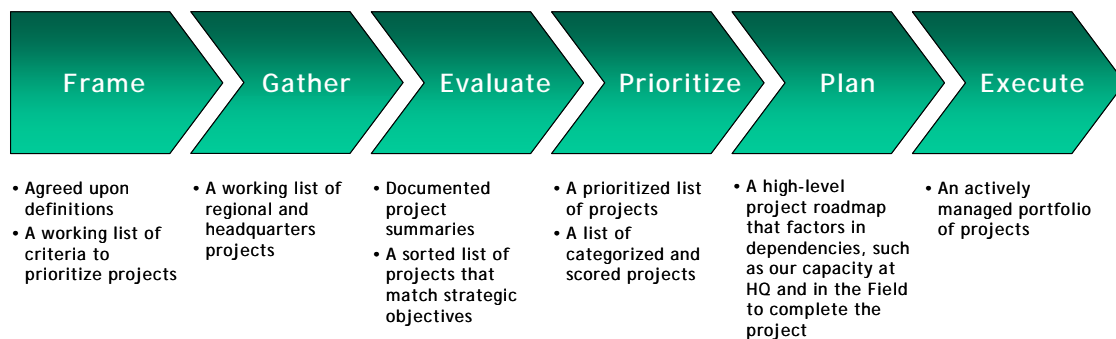
The current case and management information system (CAMIS) has become obsolete and is inadequate to meet the case management, data, and accountability requirements necessary to support good practice and quality assurance activities. It needs to be replaced. The new information system must be designed carefully and in concert with the development of the practice model.

### Technical Assistance to Support Improvement

A Washington State Strategy Agreement with Casey Family Programs provides CA with technical assistance to support many of the improvements outlined in the federal program improvement plan and the foster care lawsuit settlement agreement. Assistance is provided by Casey staff and by experts from other states.

### Portfolio Management

The number of critical initiatives on CA's agenda makes it imperative that we move from a reactive to a proactive status so that we can implement them successfully. CA has begun the process of portfolio management. This process enables us to track projects, match them with our strategic priorities, and determine how they fit into a prioritized schedule. CA is using this tool for managing multiple projects.



## Chapter 4 • Goals, Objectives, Strategies and Performance Measures

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The primary goals of the Children's Administration focus on the themes of child safety, permanency, and child and family well-being for the children and families we serve. A fourth goal focuses on the systemic factors that are necessary in a high-performing organization with the capacity to support excellent outcomes for children and families.

Children's Administration actively participates in the Priorities of Government statewide results teams, coordinated by the Office of Financial Management, and contributes to "Improve the Security of Washington's Vulnerable Children and Adults – by providing services to keep them safe, healthy, and productive."

On the following pages, the objectives, outcomes, and broad strategies of the Children's Administration are laid out in support of our four major goals of:

- ♦ ***Child Safety:*** Children will be safe from abuse and neglect.
- ♦ ***Child & Family Well-Being:*** Help families and communities improve the well-being of children in their own homes and in out-of-home care.
- ♦ ***Permanency:*** Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.
- ♦ ***Supporting Client Outcomes:*** Continuously improve the organization's capacity to achieve excellent outcomes for children and families.

Although our goals and objectives remain clear, continuous improvement requires us to reassess our strategies to make sure we are using resources in a way that will have the greatest impact. Reviewing and refining strategies is an ongoing process.

*NOTE: The federal objectives, data indicators and case review measures are underlined.*

## CHILD SAFETY

**GOAL: CHILDREN WILL BE SAFE FROM ABUSE AND NEGLECT.**

***Outcome S-1: Children are, first and foremost, protected from abuse and neglect.***

### **Objectives:**

- A. Reduce chronic maltreatment
- B. Reduce recurrence of maltreatment
- C. Increase safety for children placed in out-of-home care
- D. Initiate timely investigations of reports of child maltreatment

### **Strategies:**

- ♦ Design and implement a new child welfare practice model
- ♦ Restructure the Child Protective Services model to provide clear role definitions and focus on quality investigations, safety and risk assessments
- ♦ Implement training to support the model (including advanced investigation and assessment training for CPS workers)
- ♦ Reduce response time for face-to-face visits with children at high risk of abuse or neglect on emergent referrals to within 24 hours of receiving a referral (*Began implementation April 20, 2005*)
- ♦ Reduce response time for face-to-face visits with children at lower risk of abuse and neglect on non-emergent referrals to within 72 hours of receiving a referral (*Began implementation August 1, 2005*)
- ♦ Improve accuracy and consistency for findings of child abuse and neglect
- ♦ Improve response to adolescents at risk (screening and assessment tools)
- ♦ Implement the chronic child neglect legislation (2005 session)

(Activities: Child Protective Services; Family Reconciliation Services; Division of Licensed Resources; Alternate Response System; Family Foster Home Care; Family Support Services; Other Foster Care; Public Health Nurses; Victim Assistance)

### **Measures:**

- ♦ Percent of CAN victims who had another founded referral within 6 months (Federal data)
- ♦ Percent of children in licensed care who were abused or neglected by a foster parent or facility staff (Federal data)
- ♦ Percent of child abuse and neglect referrals where child is seen within required timeframe

***Outcome S-2: Children are safely maintained in their homes whenever possible and appropriate.***

**Objectives:**

- A. Protect children and prevent removal whenever possible
- B. Improve safety when returning children to their homes (risk of harm to child)

**Strategies:**

- ♦ Design and implement a new child welfare practice model
- ♦ Increase use of Family Team Decision-Making meetings within 72 hours of placement, at reunification, during placement moves, and for disruption prevention
- ♦ Implement state and regional interagency domestic violence protocol and improve awareness and response to domestic violence
- ♦ Collaborate with contracted community partners to maximize service alignment with new practice model to protect children and prevent removal

(Activities: Child Protective Services; Child Welfare Services; Family Reconciliation Services; Behavioral Rehabilitative Services; Division of Licensed Resources; Family Foster Home Care; Family Support Services; Other Foster Care; Public Health Nurses; Victim Assistance)

**Measures:**

- ♦ Percent of children on in-home dependencies who are visited every 30 days
- ♦ Services provided to families to protect children in home and prevent removal (Case Review)
- ♦ Current risk of harm to child (Case Review)

This goal contributes to the following Balanced Scorecard perspectives:

☒Public Value ☒Customer Perspective ☐Financial Perspective ☐Internal Process ☐Learning & Growth

## PERMANENCY

**Goal:** Provide stable, nurturing, and permanent placements as quickly as possible for children who are placed into out-of-home care.

**Outcome P-1:** *Children have permanency and stability in their living situations.*

### Objectives:

- A. Increase timely permanent placements for children in out-of-home care
- B. Increase stability of children in out-of-home care
- C. Decrease foster care re-entries
- D. Decrease over-representation of minority children in care

### Strategies:

- ♦ Implement the CPS/CWS redesign to provide clear role definitions and CWS focus on permanency planning and reasonable efforts
- ♦ Increase use of Family Team Decision-Making meetings
- ♦ Collaborate with the Court Improvement Plan Grant Steering Committee to implement recommendations from the Dependency and Termination Equal Justice Committee
- ♦ Collaborate with the Administrative Office of the Courts, Assistant Attorney General, and Office of Public Defense to improve permanency outcomes
- ♦ Further develop concurrent planning statewide
- ♦ Collaborate within DSHS and with community partners to develop an integrated redesigned service model for adolescents
- ♦ Increase the percentage of eligible youth receiving Independent Living Services
- ♦ Improve child specific adoption recruitment for older children, sibling groups, and children with special needs
- ♦ Continue targeted recruitment of Indian foster homes
- ♦ Increase placement options that include relative, kinship, foster, and group care
- ♦ Collaborate with Case Family Programs on the Breakthrough Series Collaborative to reduce disproportionality of children of color in the child welfare system

(Activities: Child Welfare Services; Division of Licensed Resources; Adoption Medical; Adoption Services and Support; Behavioral Rehabilitative Services; Crisis Residential Center; Family Foster Home Care; Family Support Services; Hope Center; Other Foster Care; Responsible Living Skills Program; Secure Crisis Residential Center; Street Youth Services)

### Measures:

- ♦ Number of children whose permanent plans are accomplished for adoption, reunification, guardianship, and other
- ♦ Percent of children in care with no more than two placements (Federal data)
- ♦ Length of time to achieve permanency goal of reunification (Federal data)
- ♦ Length of time to achieve permanency goal of adoption (Federal data)
- ♦ Percent of children who re-entered care within 12 months of reunification (Federal data)
- ♦ Number of African American and Native American children in care longer than 2 years who are not in their permanent home
- ♦ Percent of youth exiting care after age 18 years who received Independent Living Services while in care

***Outcome P-2: The continuity of family relationships and connections is preserved for children.***

**Objectives:**

- A. Increase appropriate relative placements
- B. Preserve connections with parents, siblings, and other significant people

**Strategies:**

- ♦ Implement a new practice model that addresses the partnership role of foster parents in maintaining family relationships when possible
- ♦ Increase access to support services for unlicensed relative caregivers
- ♦ Develop and implement revised policy framework for kinship care
- ♦ Collaborate with Economic Services and Aging and Disability Services Administrations to improve support for caregivers
- ♦ Strengthen the service plan (ISSP) to include provisions for early identification of cultural heritage and maintaining cultural connections
- ♦ Collaborate with contracted service providers, Tribes and Recognized Indian Organizations to revise contracts to better support the Indian Child Welfare Act (ICWA)
- ♦ Implement training to support policy changes for maintaining child's cultural connections (staff and foster parents)

(Activities: Child Welfare Services; Division of Licensed Resources; Family Foster Home Care; Other Foster Care; Family Support Services)

**Measures:**

- ♦ Percent of children in foster care placed with relatives
- ♦ Percent of children in out-of-home care who visit with parents and siblings (Case Review)
- ♦ Current relationship of child in care with parents (Case Review)
- ♦ Percent of children placed in proximity to parents (Case Review)
- ♦ Percent of children placed with siblings (Case Review)

This goal contributes to the following Balanced Scorecard perspectives:

☒Public Value ☒Customer Perspective ☐Financial Perspective ☐Internal Process ☐Learning & Growth

## CHILD AND FAMILY WELL-BEING

**Goal:** Help families and communities improve the well-being of children in their own homes and in out-of-home care.

***Outcome WB-1: Families have enhanced capacity to provide for their children's needs.***

### **Objectives:**

- A. Increase worker visits with child
- B. Increase worker visits with parent(s)
- C. Involve family, child, and foster family in case planning
- D. Respond to needs of child, parents, and foster parents

### **Strategies:**

- ♦ Implement CPS/CWS redesign to improve engaging families
- ♦ Expand the use evidence-based programs (contracts review process)
- ♦ Increase capacity for visits between social workers and children at least once every 30 days
- ♦ Increase capacity for social worker visits with biological parents and caregivers
- ♦ Increase capacity for parent/child and child/sibling visits
- ♦ Collaborate with Tribes to improve identification of Indian children and notification to Tribes
- ♦ Increase training for staff, foster parents, community partners and contracted providers on engaging families, relatives, and fathers
- ♦ Increase use of shared planning staffings to identify needs of families and connect them to services and resources
- ♦ Implement annual assessments and developmental plans for foster parents

(Activities: Child Protective Services; Child Welfare Services; Division of Licensed Resources; Family Foster Home Care; Family Reconciliation Services; Family Support Services; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses)

### **Measures:**

- ♦ Percent of children in out-of-home care who are visited by their social worker in the caregiver's home according to policy
- ♦ Percent of parents visited by their social worker (Case Review)
- ♦ Percent of children and families involved in case planning (Case Review)

***Outcome WB-2: Children receive appropriate services to meet their educational (and developmental) needs.***

### **Objectives:**

- A. Children in placement are supported in age-appropriate educational and developmental programs
- B. Minimize school moves for children in foster care

### **Strategies:**

- ♦ Collaborate with other foster care and education-related organizations to implement the Foster Care to College Partnership Plan



- ♦ Collaborate with partners to improve educational outcomes for children receiving services from CA
- ♦ Increase number of local school agreements
- ♦ Increase the placement options available to meet the needs of children in out-of-home care
- ♦ Continue ongoing efforts to build partnerships community by community through the Family to Family initiative
- ♦ Review in-home services contracts (Family Reconciliation Services, Family Preservation Services, Intensive Family Preservation Services) and include educational advocacy (contracts review)

(Activities: Child Welfare Services; Family Foster Home Care; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses; Responsible Living Skills Program)

**Measures:**

- ♦ Percent of children whose educational needs are met (Case Review)
- ♦ Percent of children who leave out-of-home care on or after their 18th birthday either holding a high school diploma, GED, or are enrolled in an educational or vocational program

***Outcome WB-3: Children receive adequate services to meet their physical and mental health needs.***

**Objectives:**

- A. Physical health needs are met
- B. Mental health needs are met
- C. Social and emotional needs are met

**Strategies:**

- ♦ Integrate Pre-Passport and Passport into a new Child Health and Education Tracking (CHET) model and improve screening tools
- ♦ Improve tools for matching children with appropriate evidence-based programs that meet their mental health needs
- ♦ Improve the physical and mental health information provided to foster parents about children in their care
- ♦ Improve system of delivering mental health services to children and their families (Children's Mental Health Initiative collaboration between CA, HRSA/Mental Health Division and Juvenile Rehabilitation Administration)
- ♦ Continue the mental health transformation grant collaboration with HRSA/Mental Health Division

(Activities: Child Welfare Services; Family Foster Home Care; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses; Street Youth Services; Victims Assistance)

**Measures:**

- ♦ Percent of children whose physical and mental health needs are met (Case Review)

This goal contributes to the following Balanced Scorecard perspectives:

☒Public Value ☒Customer Perspective ☐Financial Perspective ☐Internal Process ☐Learning & Growth

## SUPPORTING CLIENT OUTCOMES

**Goal:** Continuously improve the organization's capacity to achieve excellent outcomes for children and families.

### **SCO-1: AGENCY RESPONSIVENESS TO THE COMMUNITY**

***Outcome SCO-1: Children's Administration partners with and is responsive to Tribes, consumers, communities, courts and public and private agencies to serve children and families.***

#### **Objectives:**

- A. On-going partnership, communication and consultation with Tribes, Recognized Indian Organizations, consumers, service providers, out-of-home care providers, juvenile court, other public and private agencies, including their concerns
- B. Annual progress reports
- C. Coordinate service provision with other federal or federally-assisted programs

#### **Strategies:**

- ♦ Implement the formal protocol on ongoing consultation with IPAC, Tribes and Recognized Indian Organizations
- ♦ Collaborate with Tribes and Recognized Indian Organizations to develop the budget to assist in meeting the Indian Child Welfare Act
- ♦ Increase compliance with the Indian Child Welfare Act and the Tribal-State ICW Agreement of 1987
- ♦ Conduct annual Indian Child Welfare summits
- ♦ Partner with the Mental Health Division and Juvenile Rehabilitation Administration to address needs of children with mental health issues (Children's Mental Health Initiative)
- ♦ Collaborate with the HRSA/Mental Health Division on the mental health transformation grant to make public mental health services more consumer and family friendly and more recovery-oriented
- ♦ Provide open and frequent communication with the public, service providers, community partners, out-of-home care providers, and the media
- ♦ Implement the revised Memorandum of Understanding with the Washington State Court Appointed Special Advocate (CASA) Program
- ♦ Collaborate with community partners and HRSA/Division of Alcohol and Substance Abuse to improve access to chemical dependency services
- ♦ Collaborate with community partners and the Economic Services and Aging and Disability Services Administrations to increase access to services for children and families
- ♦ Continue ongoing efforts to build partnerships community by community through the Family to Family initiative and the accreditation process
- ♦ Collaborate with other foster care and education-related organizations to implement the Foster Care to College Partnership Plan
- ♦ Collaborate with public and private partners to increase awareness of child abuse and neglect and domestic violence

- ♦ Implement collaboration protocols with contracted community partners focusing on planning, decision-making, and communications
- ♦ Collaborate with courts and other partners to improve timeliness to permanency for children
- ♦ Partner with *Catalyst for Kids* to advance permanency and well-being priorities

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care; Responsible Living Skills Program; Street Youth Services; Victim Assistance)

**Measures:**

- ♦ Consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family-serving agencies (Child and Family Services Review)
- ♦ Coordinate with services or benefits of other federal or federally-assisted programs (Child and Family Services Review)
- ♦ Number of good news stories and weekly report items submitted
- ♦ Number of customer, stakeholder, foster parent satisfaction surveys

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☒Customer Perspective ☒Financial Perspective ☒Internal Process ☐Learning & Growth

## **SCO-2: FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, RETENTION**

***Outcome SCO-2: Adequate quality resources are available for foster care, behavior rehabilitation services, and adoption.***

### **Objectives:**

- A. Standards for foster homes and residential facilities are reasonably in accord with recommended national standards
- B. Standards are applied to all licensed foster family homes or residential facilities receiving Title IV-E or IV-B funds
- C. Criminal background clearances requirements are met as related to licensing or approving foster care, relative care and adoptive placements, and case planning process addresses safety
- D. Recruitment and retention efforts result in adequate numbers, locations, capacity, and ethnic and racial diversity of placement resources
- E. Cross-jurisdictional resources are used to facilitate timely adoptive or permanent placements for waiting children

### **Strategies:**

- ♦ Increase capacity for foster parent recruitment and retention
- ♦ Increase training for foster parents and relative caregivers
- ♦ Implement an annual survey of foster parents and relative caregivers
- ♦ Implement annual assessments and developmental plans for foster parents
- ♦ Engage licensing staff with Boeing's Lean Team to improve licensing processes and cycle time
- ♦ Increase percentage of foster care licensing renewals
- ♦ Increase support for relative caregivers
- ♦ Increase support for Tribal licensing processes
- ♦ Increase participation of hard-to-adopt children in Heart Gallery

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

### **Measures:**

- ♦ Number of licensed foster homes
- ♦ Number of minority homes available
- ♦ Percent of licensing applications which are pending more than 90 days
- ♦ Percent of foster homes receiving annual health and safety checks
- ♦ Foster parent satisfaction

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☐Learning & Growth

### **SCO-3: SERVICE ARRAY**

**Goal: Continuously improve the organization's capacity to achieve better outcomes for children and families.**

***Outcome SCO-3: Service array ensures appropriateness, quality, accessibility and flexibility.***

**Objectives:**

- A. Services are appropriate
- B. Services are accessible statewide
- C. Services can be individualized to meet unique needs

**Strategies:**

- ♦ Improve development and monitoring of contracts to include evidence and outcome-based practices and culturally appropriate services for children and families (contracts review process)
- ♦ Improve the availability of services statewide (contracts review process)
- ♦ Collaborate with Juvenile Rehabilitation Administration, Mental Health Division, Children's Alliance, courts, and providers to redesign services for adolescents
- ♦ Collaborate with community partners, courts and HRSA/Division of Alcohol and Substance Abuse (DASA) to improve access to chemical dependency services
- ♦ Collaborate with the Court Improvement Plan Grant Steering Committee to develop Family Drug Courts
- ♦ Implement the Casey Family Programs Breakthrough Series Collaborative regarding disproportionality in King County
- ♦ Implement annual diversity conference for staff and providers
- ♦ Communicate with the Indian Policy Advisory Committee regarding service availability and access to service

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Medical; Adoption Services and Support; Alternate Response System; Behavioral Rehabilitation Services; Crisis Residential Center; Family Foster Home Care; Family Support Services; Hope Center; Medicaid Treatment Child Care; Other Foster Care; Public Health Nurses; Responsible Living Skills; Secure Crisis Residential Center; Street Youth; Victim Assistance)

**Measures:**

- ♦ Services assess the strengths and needs of children and families (Case Review)
- ♦ Services are targeted at the risk factors and enable children to remain in home when reasonable (Case Review)
- ♦ Services identify and address the well-being and permanency needs of children in out-of-home care (Case Review)
- ♦ Services address child, parent, and caregiver needs (Case Review)
- ♦ Services help children in foster and adoptive placements achieve permanency (Case Review)
- ♦ Services are consistently accessible to families and children across the state (Case Review)
- ♦ Services can be individualized to meet cultural, language, and service needs of families and children (Case Review)

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☐Learning & Growth

## **SCO-4: STATEWIDE INFORMATION SYSTEM**

***Outcome SCO-4: Information Technology has capability to support field and management needs.***

### **Objectives:**

- A. Information system capacity to identify status, demographic characteristics, location and goals for children in foster care
- B. Assist workers, supervisors, and managers in daily work
- C. Enhance business capabilities
- D. Establish business value of information technology investments
- E. Invest in skills

### **Strategies:**

- ♦ Implement a new statewide automated child welfare information system (SACWIS) that integrates the components of child welfare activities
- ♦ Improve use of the Internet and Intranet to facilitate communication with the public, stakeholders, and employees
- ♦ Implement information system changes to support program improvements
- ♦ Implement secure wireless capabilities to meet business needs
- ♦ Follow the structured work request process to justify, evaluate, and prioritize business needs
- ♦ Equip staff to transition to new technology and tools with procurement of a transfer SACWIS application

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

### **Measures:**

- ♦ Sustained availability of the CAMIS application during transition to new SACWIS
- ♦ Successful procurement of a qualified SACWIS implementation vendor (implies completion of all of the activities that lead up to this – requirements collection and validation, RFP review and approval, contract review and approval)
- ♦ Ability of field staff to work remotely/spend more time with clients
- ♦ Completed and implemented work requests
- ♦ State staff are integrated into implementation vendor's team and contributing to construction/implementation of the new SACWIS

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☒Learning & Growth

## **SCO-5: CASE REVIEW SYSTEM**

***Outcome SCO-5: Federal requirements for case review system are maintained.***

### **Objectives:**

- A. Each child has a written case plan developed jointly with parents
- B. Timely court and administrative review
- C. Termination of parental rights proceedings in accordance with Adoptions and Safe Families Act (ASFA)
- D. Foster and pre-adopt parents and relative caregivers have opportunity to be heard in review or hearing with respect to the child

### **Strategies:**

- ♦ See strategies in WB-1 regarding involving parents and children in the development of case plans
- ♦ Enhance and implement concurrent planning throughout the state
- ♦ Support implementation of recommendations from the Dependency and Termination Equal Justice Commission
- ♦ Develop and implement system for notification to caregivers of their right to attend and provide input in review hearings (new SACWIS)

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

### **Measures:**

- ♦ Administrative review of child's status every 6 months (Case Review)
- ♦ Court hearing every 12 months (Case Review)
- ♦ Termination petition was filed or compelling reasons were documents for children who were in out-of-home care 15 of the most recent 22 months (Case Review)

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☐Learning & Growth

## **SCO-6: QUALITY ASSURANCE SYSTEM**

***Outcome SCO-6: Quality assurance system promotes satisfactory outcomes for children and families.***

### **Objectives:**

- A. Families and children in care receive quality services that protect safety and health
- B. Quality Assurance system is comprehensive and consistent

### **Strategies:**

- ♦ Provide program and policy support that increases accountability and improves performance (case review, contract monitoring, data management)
- ♦ Complete accreditation of local offices and headquarters
- ♦ Improve statewide consistency of child welfare practice (new practice model)
- ♦ Improve data integrity (new SACWIS)
- ♦ Implement evidence-based programs to improve the service array (contracts review process)
- ♦ Develop a formal case review process for ICW cases to monitor and improve compliance with the Indian Child Welfare Act (ICWA)
- ♦ Improve practice through self-assessment and data monitoring

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

### **Measures:**

- ♦ Evaluates practice at the office level by review of a random sample of cases (Case Review)
- ♦ Evaluates compliance and qualitative standards (Case Review)
- ♦ Evaluates Safety, Permanency and Well Being outcomes for children (Case Review)
- ♦ Identifies strengths and needs of service delivery (Case Review)
- ♦ Provides office, regional and statewide reports (Case Review)
- ♦ Facilitates the development of office annual improvement goals
- ♦ Annually re-evaluates office practice and progress with improvement goals (Case Review)
- ♦ Number of offices accredited

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☒Internal Process ☒Learning & Growth



## **SCO-7: STRUCTURE, STAFFING AND FISCAL RESOURCES**

***Outcome SCO-7: Agency has adequate and efficient structure, staffing and fiscal resources.***

### **Objectives:**

- A. Structure, staffing levels and resources support quality service delivery
- B. Agency provides adequate support for a quality working environment
- C. Diversity of workforce closely reflects diversity of clients

### **Strategies:**

- ♦ Evaluate need for additional staff resources and request funding when appropriate
- ♦ Maximize federal funding
- ♦ Implement budget accountability plan, including financial management, contracting, financial analysis and reporting tools, accounting processes and payment processing (new business model)
- ♦ Improve employee recruitment, particularly among minority populations
- ♦ Implement the recommendations of the social worker safety workgroup
- ♦ Conduct a workload study of direct service workers
- ♦ Participate in the DSHS employee satisfaction survey and develop action plans that respect, value, and recognize employees
- ♦ Collaborate with community partners to implement annual diversity conference for staff and partners

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Behavioral Rehabilitation Services; Family Foster Home Care)

### **Measures:**

- ♦ Average number of open cases carried per social worker at fiscal year end
- ♦ Number of CPS, CWS, FRS referrals received
- ♦ Number of CA/N referrals accepted for investigation
- ♦ Number of LR cases per worker
- ♦ Number of SSI/SSA applications filed
- ♦ Amount of federal dollars earned (IV-E penetration rate)
- ♦ Percent of employees with current performance evaluations
- ♦ Employee satisfaction data
- ♦ Percent of CPS/CWS positions filled
- ♦ Percent of minority and disabled staff

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☒Financial Perspective ☒Internal Process ☐Learning & Growth

## **SCO-8: STAFF AND PROVIDER TRAINING**

***Outcome SCO-8: Staff and provider training and development adequately support the goals of the agency.***

### **Objectives:**

- A. Employee development and training supports agency goals and objectives
- B. Service partners and placement providers are trained to carry out their duties

### **Strategies:**

- ♦ Implement training to support the new practice model (staff, foster parents, providers and partners)
- ♦ Increase array of training opportunities and expectations for staff participation
- ♦ Implement competency testing following academy training and use results to improve academy
- ♦ Increase percent of staff with MSWs by improving use of the Child Welfare Training and Advancement Program (Title IV-E stipend program)
- ♦ Implement training in consultation with the Tribes and LICWACs on Government to Government principles, the Tribal-State ICW Agreement of 1987, and the CA ICW manual
- ♦ Increase training opportunities and expectations for foster parents
- ♦ Increase training opportunities for non-licensed caregivers
- ♦ Increase training opportunities for contracted service providers and stakeholders

(Activities: Child Protective Service; Child Welfare Services; Family Reconciliation Services; Division of Licensed Resources; Adoption Services and Support; Alternate Response System; Behavioral Rehabilitation Services; Family Foster Home Care; Other Foster Care; Hope Center; Responsible Living Skills Program; Crisis Residential Center; Secure Crisis Residential Center; Street Youth Services; Victim Assistance)

### **Measures:**

- ♦ Initial training for all staff (Case Review)
- ♦ On-going training is skills and knowledge based (Case Review)
- ♦ Training for foster parents, adoptive parents, and staff of licensed facilities is skills and knowledge based (Case Review)

This goal contributes to the following Balanced Scorecard perspectives:

☐Public Value ☐Customer Perspective ☐Financial Perspective ☐Internal Process ☒Learning & Growth

## Chapter 5 • Performance Assessment

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### **GOVERNMENT MANAGEMENT ACCOUNTABILITY AND PERFORMANCE**

GMAP (Government Management Accountability and Performance) is the process through which state government departments demonstrate performance outcomes in key priority areas. DSHS and CA participate in quarterly GMAP presentations to the Governor and her Cabinet. During these sessions, CA receives valuable feedback regarding policies and practices to help improve performance.

An emphasis on child safety brought a mandate from the Governor for CA to respond to all child abuse and neglect referrals in a shorter period of time and to visit children more frequently. The GMAP process tracks progress on these priorities, along with outcome measures for the priority areas. GMAP gave us the opportunity to demonstrate that simply shifting resources was not sufficient to meet the mandate to visit with children every 30 days.

### **AGENCY SELF-ASSESSMENT**

The agency self-assessment is modeled after the Malcolm Baldrige National Quality Program and uses state government-related criteria within the seven categories of: Leadership, Strategic Planning, Customer and Market Focus, Information and Analysis, Human Resource Focus, Process Management, and Organizational Results. The assessment provides a comprehensive systemic overview to identify areas of strengths and progress as well as opportunities for improvement. In 2004, the self-assessment was completed by 38 CA employees, including executive and middle management, supervisors, social workers, and support staff. The assessment concludes by identifying the top strengths and opportunities for improvement. Scale is one to seven, with seven meaning "world class excellence."

#### **Strengths – four areas in which the agency is doing well**

1. Leadership: Senior Leadership Direction (4.2)
2. Information and Analysis: Use of Information for Improvement (4.0)
3. Strategic Planning: Strategy Development Process (3.9)
4. Customer Focus: Customer Requirements (3.9)

#### **Opportunities - three areas in which the agency has opportunities for improvement**

1. Performance Results: Financial Results (2.2)
2. Performance Results: Human Resource Results (2.2)
3. Human Resource Focus: Employee Training and Development (2.4)

### **OTHER PERFORMANCE REVIEWS**

The Child and Family Services Review (CFSR) is a federal review of performance-based outcomes for children and families. The review examines the delivery of child welfare services and the outcomes for children and families served by child protective services, foster care, adoption and other related programs. In addition to measuring compliance with federal legislation, the review provides an opportunity for states to engage in quality improvement of the services to children and families throughout the state. Once a state completes the review, it has two years to work on a program improvement plan (PIP) before they are reviewed again. Successful completion of our PIP, including

meeting all of the performance targets by September 2006, remains a very significant challenge.

Case review is an important component of the Children's Administration (CA) quality improvement model. Case review is a proactive process of reviewing, assessing, and improving our services to children and families through quarterly reviews and a random sample of open and closed case files. The key purpose of case review is to assist CA staff to deliver the highest standard of services possible to children and families.

Accreditation is one means by which child welfare agencies objectively demonstrate success in meeting best practice standards. CA has chosen the National Council on Accreditation (COA) to serve as its accrediting body. COA accreditation is a process of evaluating an organization against best-practice standards. CA is working towards attaining accreditation of headquarters and all 44 field offices by 2008.

### **CLOSING PERFORMANCE GAPS**

Fundamental changes are underway in CA to help children and families in the state's child welfare system get the services and the support they need to rebuild their lives and families.

Quicker responses and more frequent visits by social workers are not enough to rebuild and improve the lives of children and families. Families need to quickly engage in services as soon as their needs have been identified in order to succeed. Investing in a new practice model will help social workers make the cultural and institutional shift to earlier and more successful family engagement and service interventions. Providing services to families early is a long-term investment strategy.

In order to begin to position the administration to accomplish sustainable improvements in all areas of our work, the slower job of rebuilding trust and developing an organization capable of achieving and sustaining outcomes needs organizational focus and attention.

This culture shift requires a strong foundation that will support and sustain:

- Consistent and best child welfare practices
- Accountability in conducting day-to-day business
- Improved outcomes for families
- Improved options for services
- Improved options for out-of-home placements for children
- Support for a strong workforce that has the tools needed to do their jobs.

CA must work with other public and private community partners to develop and coordinate case planning for children receiving services through the child welfare system. We have a responsibility to support and build relationships with courts, foster parents, schools, and community service providers who also work directly with our children and families.

With help from the Boeing Company Lean Team, CA has begun a series of work sessions to explore new tools and best practices that we can use to create new practice and business models. The result will improve teamwork, communication, decision-making, and ultimately our services to children.

Over the past year, CA leadership has identified problems, planned for sustainable improvements, and begun rebuilding.

### ***Achieving Success Requires Focused Work in Four Key Areas***

#### **Strong Practice**

- Clearly define practice model
- Invest in resources and tools to support practice
- Clarify roles and responsibilities
- Redesign Child Protective Services/ Child Welfare Services structure

#### **Strong Workforce Support**

- Invest in supervisors
- Streamline paperwork, policies, procedures, tools
- Reduce caseloads
- Focus on recruitment/retention of quality staff
- Develop leaders

#### **Strong Services**

- Guide investments through evidence-based practices
- Involve youth advisory boards
- Create a basic service array - consistent and available statewide - through contracts review

#### **Strong Business Processes**

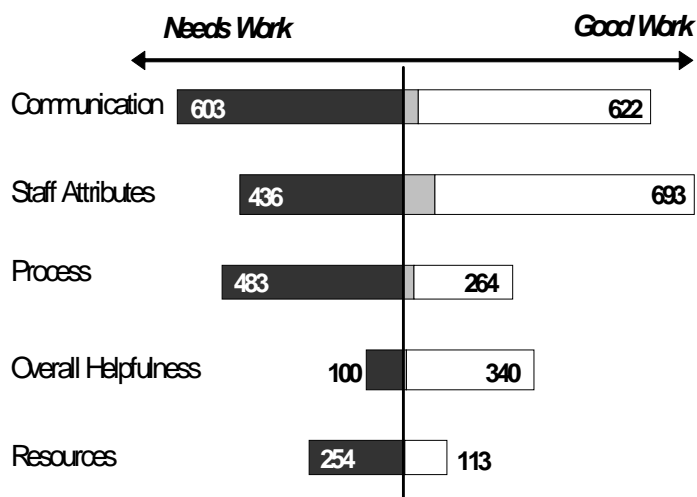
- Implement a comprehensive and functional management information system (SACWIS)
- Develop a financial and resource management accountability system

### **Providers and Clients Speak Out**

Most clients (seven out of ten) and providers (eight out of ten) reported that they are treated with courtesy and respect. Clients report a significant improvement in this area (up 11 percent over the last survey in 2003).

### **DSHS Provider Satisfaction Survey – 2005**

Along with scaled questions, the 2005 provider survey asked two open-ended questions. *What does DSHS do well? What could DSHS do better?* CA providers gave valuable insight into areas of satisfaction and dissatisfaction.



The table shows the five major issues identified and the number of providers who made:

- Positive comments (Good Work)
- Critical comments or suggestions for improvement (Needs Work).
- Neutral or mixed responses (in gray - generally small numbers)

## DSHS CA Client Satisfaction Survey – 2005

Clients report that access to information is improving and returning phone calls within 24 hours is better than in past years, though that continues to be an area needing attention. Just over half of our clients felt they were involved in making choices about services (53 percent agreed) and that they got help quickly when they needed it (52 percent agreed).

2005	CLIENT SURVEY	Client Survey Satisfaction Rates - Weighted Data				2001 to 2005 Children's Administration	
		2001	2002	2003	2005	Change 01 - 05	Change 03 - 05
<b>QUALITY</b>							
	Child and Family Services has helped my family.	60%	80%	70%	66%	6%	-5%
	Child and Family Services does good work.	50%	64%	59%	59%	9%	0%
	I am satisfied with Child and Family Services.	53%	58%	55%	56%	3%	1%
<b>STAFF</b>							
	Staff who helped us treated us with courtesy and respect.	77%	66%	62%	73%	-5%	11%
	Staff who helped us listened to what we had to say.	65%	66%	63%	67%	2%	4%
	Staff who helped us understood our needs.	67%	57%	67%	63%	-4%	-4%
<b>ACCESS</b>							
	Child and Family Services office is open at times that are good for us.	74%	83%	90%	81%	7%	-9%
	It's easy to get to the Child and Family Services office.	84%	88%	88%	85%	1%	-3%
	When we asked for help, we got it as quickly as we needed.	46%	49%	48%	52%	6%	4%
	If you need help from CFS, it's easy to get that help.	64%	51%	51%	58%	-6%	7%
	Child and Family Services staff returned our calls within 24 hours.	37%	47%	43%	56%	19%	14%
<b>INFORMATION</b>							
	Child and Family Services staff explained things clearly.	67%	54%	65%	68%	1%	3%
	It was easy to get facts we needed about Child and Family Services.	61%	76%	63%	70%	9%	7%
	I know what Child and Family services there are for my family.	67%	74%	64%	70%	4%	7%
<b>CLIENT INVOLVEMENT</b>							
	We helped make plans and goals about services.	70%	63%	64%	59%	-11%	-5%
	We were involved in making choices about our services.	65%	54%	47%	53%	-12%	6%

\* Change between years is statistically significant at the .05 level.

Note: Data does not include the child support (DCS) clients chosen for the 2005 survey since no other year included clients chosen from DCS.

Legend:

	61-70%
	51-60%
	0-50%

For more information, please visit the RDA website at <http://www1.dshs.wa.gov/rda>

## Chapter 6 • Internal Capacity Assessment

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### **WORKFORCE AND ORGANIZATIONAL CAPACITY**

CA has a total of 2,465 (annual) Full Time Equivalents (FTEs) and a budget of \$951.4 million for Fiscal Years 2006 and 2007. While caseload sizes vary in offices across the state, the average caseload ratio was at the legislatively funded level of 24 cases per social worker (1:24) in April 2006. This caseload size is too high. It limits the social workers' ability to visit children and families frequently and to do all the many things required of them. Frequent visits with children are associated with better performance on many of the other child welfare outcomes, according to national studies.

A number of new social workers were acquired in the 2006 Supplemental budget and we are implementing plans for recruiting, hiring, and training them on a phased-in schedule over the year. The Governor and Legislature funded approximately 191 new social workers, plus supervisors and clerical, to increase social worker visits with children, implement a redesign of Child Protective Services and Child Welfare Services, and better respond to child neglect cases.

DSHS is contracting for a workload study of direct service workers to understand the time and staff needed to comply with statutory and policy requirements. The study also will provide an analytical tool to assess the impact of policy initiatives on workflow.

Retirements may cause more turnovers in key positions. We anticipate an increased need for recruitment, training, and mentoring of newer less experienced workers. At the same time, we need to develop qualified professional staff and prepare them for key leadership positions.

### **Laying the Right Foundation**

In May 2005, the administration was not meeting all the national child welfare standards set by the federal government. Although it had identified a very broad reform agenda, including a negotiated agreement to improve outcomes for children in the foster care system, the infrastructure for accomplishing the agenda was not in place. The timelines for accomplishing significant change on so many fronts were unrealistic. Many of the reform items focused on addressing dysfunctions in the system without addressing the root cause of the dysfunction. The result was an over-promised agenda that outstripped the organizational capacity of the administration to deliver on its plans. Focusing on symptoms will not produce the outcomes we need from the child welfare system. The challenge is to push the pace of reform, but not to the breaking point. CA must start building the right foundation to create the organizational capacity to implement and sustain reform.

### **Involving Employees**

CA participates with the other DSHS administrations in an on-line employee satisfaction survey. The survey is designed to gather employees' perceptions about what it's like to work for CA and to identify any areas of concern regarding their jobs and work environments. CA's response rate for the 2006 survey was 78 percent, exceeding past years. Each program area will review the results, identify major issues, and create action plans to address them.

## **TECHNOLOGY CAPACITY**

**Sustaining CAMIS** – The Case and Management Information System (CAMIS) is the tool that social workers, administrators and state executives rely on for information. CA is at risk because CAMIS components are no longer supported by the product vendor, and interfaces between these components and other systems prevent upgrades. The challenge lies in maintaining CAMIS availability while fixing high-priority defects and addressing emerging requirements, such as recommendations from the Braam Settlement Agreement Oversight Panel.

**Supporting new initiatives** – CA has outlined a set of objectives focusing on improving fiscal controls, developing a new practice model, improving business processes and supporting workers. Technology will play a role in achieving these objectives. CAMIS' frailty forces us to pursue solution alternatives that do not involve modifying CAMIS. New tools will need to be added to the existing set of 40+ systems that already support CA's work. Our challenge will be in helping social workers and managers make sense of the complex suite of disparate, disconnected systems that support day-to-day operations.

**SACWIS Project initiation** – CATS has focused the past year on preparing for a CAMIS Replacement project, including development of nearly 1000 requirements, product demonstrations from candidate vendors and production of a decision package. These planning efforts were supported with matching funds from our federal partners, the Administration for Children and Families (ACF). If the replacement initiative is not funded in the coming year, CA will be challenged to justify continued delays in addressing federal requirements. Failure to adequately address the delay places matching federal funds for both the planning efforts and ongoing operations at risk.

## **FINANCIAL CAPACITY**

The public has the right to expect that state agencies abide by strong fiscal policies and make wise and effective use out of every dollar. CA must show the public that it is accountable and that it can effectively budget limited resources. We are developing a better way to track the budget so regions have confidence in the budget numbers. Revamping the way we conduct business will allow CA to effectively manage resources, support field operations, increase accountability, and better forecast the need for resources.

The June 2006 forecast update reflects a slightly stronger U.S. economic outlook as well as more revenue for the state than projected in February, according to the Economic and Revenue Forecast Council. The main reason for the large increase is very strong revenue spurts since the February forecast. The forecast for the 2007-09 Biennium is \$435.6 million higher than expected in February.

About 52 percent of the CA budget comes from federal funds. The federal government's implementation of budget reduction proposals may affect some of CA's programs. Federal funding reductions creates increased competition for limited state revenues or the need to scale back a service or program. CA is closely monitoring actions taken at the federal level.

## **SERVICE DELIVERY CAPACITY**

Children served by CA must experience improvement in their lives. Service options must be available to meet the varied needs of children and their families. For instance,



a father with mental health issues or a mother facing substance abuse would not be well-served through offers of only parenting classes or anger management.

CA is working to improve and expand the types of services available across the state, including the use of evidence-based programs. The new practice model and information system (SACWIS) will support a pathway between assessing families' needs, planning their treatment, and early engagement in appropriate services.

About 40 percent of CA's budget is spent on contracted services. This leaves CA with the responsibility of ensuring that services paid for are delivered and that they meet the needs of our clients. We have found that the amount we pay for services is not always reflected in the quality or quantity of the services provided.

CA is undertaking a number of activities that will clarify and improve the use of contracted services. Fiscal Year 2006 is a transition year in our change to using service dollars where they can make the most difference in achieving positive outcomes and improving the lives of children and families.

## **DIVERSITY AND CULTURAL COMPETENCY**

### **Diversity in the Workforce**

CA strongly supports building and maintaining a diverse and representative workforce. We are working with the DSHS recruiting team, the Department of Personnel, and private recruitment firms to identify, recruit, and hire employees at all levels that reflect the communities we serve.

The appointment of an experienced statewide Indian Child Welfare manager and an annual summit is increasing our focus and opportunities to work with Tribal representatives on critical Indian Child Welfare issues. In addition, CA collaborates with community partners to conduct an annual diversity conference.

### **Diversity in Client Services – Reducing Disproportionality**

Children of color constitute one-third of the King County child population but make up more than one-half of all children currently in foster care in the county. Native American and African American children are the most significantly over-represented in the system.

Partnering with Casey Family Programs and the King County Superior Court, CA's Office of Indian Child Welfare in King County is a target site for the Casey Family Programs Breakthrough Series Collaborative (BCS). BSC is a team-based methodology that tests multiple ideas, strategies, and tools on a very small scale to address the disproportionate representation of youth of color in the child welfare system. The most successful field-tested and measurable strategies and tools will then be introduced throughout the county.



This document is also available electronically at:  
[www1.dshs.wa.gov/strategic](http://www1.dshs.wa.gov/strategic)

Persons with disabilities may request a hard copy by contacting DSHS at: 360.902.7800, or TTY: 800.422.7930.

Questions about the strategic planning process may be directed to DSHS Constituent Services at: 1.800.737.0617.

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